

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET.
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/59718D

7/14/06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4						
5						
6						
7		2				
8		2				
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	1	.	1			
22	1		1			
23		2				
24		2				
25		2				
26		2				
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45						
46						
47						
48						
49						
50						
TOTAL IND.				3		
TOTAL DEP.				17		
TOTAL CLAIMS				20		